

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/	2				
7	/	5				
8	/	1				
9	/	1				
10	/	1				
11	/	1				
12	/	1				
13	/	1				
14	/	1				
15	/	1				
16	/	1				
17	/	1				
18	/	1				
19	/	1				
20	/	1				
21	/	1				
22	/	1				
23	/	1				
24	/	1				
25	/	1				
26	/	1				
27	/	1				
28	/	1				
29	/	1				
30	/	1				
31	/	1				
32	/	1				
33	/	1				
34	/	1				
35	/	1				
36	/	1				
37	/	1				
38	/	1				
39	/	1				
40	/	1				
41	/	1				
42	/	1				
43	/	1				
44	/	1				
45	/	1				
46	/	1				
47	/	1				
48	/	1				
49	/	1				
50	/	1				
TOTAL IND.	8					
TOTAL DEP.	194					
TOTAL CLAIMS	202					

	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53		2				
54		2				
55	/	1				
56		/				
57		/				
58		/				
59		/				
60	/	/				
61		/				
62		/				
63		/				
64		/				
65		/				
66		/				
67		/				
68		/				
69		/				
70		/				
71		/				
72		/				
73		/				
74		/				
75		/				
76		/				
77		/				
78		/				
79		/				
80		/				
81		/				
82		/				
83		/				
84		/				
85		/				
86		/				
87		/				
88		/				
89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						